DOCUMENT RESUME

ED 420 429 PS 026 604

AUTHOR	Mulholland, Lori
TITLE	Arizona Head Start for Homeless Children and Families Project. 1995-96 Evaluation Report.
INSTITUTION	Arizona State Univ., Tempe. Morrison Inst. for Public Policy.
SPONS AGENCY	Southwest Human Development, Inc., Phoenix, AZ.
PUB DATE	1997-01-00
NOTE	62p.; For 1994-95 Evaluation Report, see PS 026 603.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Agency Cooperation; Compensatory Education; Delivery Systems; Early Intervention; *Family Programs; Family (Sociological Unit); Focus Groups; *Homeless People; Interviews; Models; *Preschool Children; Preschool Education; Program Effectiveness
IDENTIFIERS	Arizona; Project Head Start

ABSTRACT

Homeless families with children constitute the fastest growing segment of the United States homeless population. This study evaluated Year 2 of the Arizona Head Start for Homeless Children and Families Project, designed to meet educational and social needs of homeless children and families, and to assist Head Start agencies in developing effective models of service delivery responsive to homeless families. The project was implemented in 1994 in Phoenix with 25 children, most of whom were current or former residents of a homeless shelter where the Head Start classroom was implemented. Four Head Start program components were modified to meet their needs: (1) education; (2) family development, involving a family advocate to link families with social services and job and educational opportunities; (3) health; and (4) parent involvement. Evaluation results indicated that children developed on a high percentage of the developmental tasks in each domain. Progress was made in providing children with needed health and dental services. Transitional activities and strategies were developed and implemented. Focus groups and interviews with families showed improved communication between children and adults. In many cases, families made steps toward self-sufficiency. The family advocate expanded the network of service providers and families used services at a high level. Personal support systems implemented during Year 1 continued to benefit staff during Year 2; Head Start staff and management developed strong skills in working with homeless children and families. Strategies contributing to the program's success and barriers to effective service delivery were identified, and recommendations made to improve the program. (Three appendices include a sample of the Homeless Family Database; Database Coding Guidelines; and database summary statistics. Contains 11 references.) (Author/KB)

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Arizona Head Start for Homeless Children and Families Project

1995-96 Evaluation Report

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Arizona Head Start for Homeless Children and Families Project

1995-96 Evaluation Report

by
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Submitted to:
Southwest Human Development, Inc.

January 1997

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Executive Summary

Homeless families with children constitute the fastest growing segment of the homeless population in the United States today. While homelessness is devastating for any family, the young child in a homeless family is especially at risk. Research has confirmed certain negative impacts on homeless young children in physical and emotional health and in cognitive development. The early years of childhood are critical to the development of trust, self-efficacy, self-concept, and social relationships; it is therefore especially important for the homeless young child to have a stable, predictable environment that is supportive of exploration and risk-taking. A classroom may be the only place a homeless young child can experience this kind of environment.

The Arizona Head Start for Homeless Children and Families Project is one of 16 demonstration projects funded in 1993 by the Federal Administration for Children and Families. At the national level, the purposes of targeting funding to this population are: 1) to meet the educational and social needs of homeless children and families and 2) to assist Head Start agencies in developing effective models of service delivery responsive to the special needs of homeless families.

In Arizona, the Head Start for Homeless Children and Families Project grantee is the Head Start Department of Southwest Human Development, Inc. (SWHD), which operates Head Start programs in the metropolitan Phoenix area. The evaluation of the project was conducted by Morrison Institute for Public Policy at Arizona State University.

The Head Start for Homeless Children and Families Project was implemented in July 1994 at the United Methodist Outreach Ministries (UMOM) Homeless Shelter located in Southeast Phoenix. A total of 25 children is served in two classes. Most of the children are either current or former residents of the UMOM shelter, although some live in the neighborhoods surrounding the shelter.

As do other Head Start programs, the UMOM Head Start program has four components; each component is modified in response to the special needs of homeless children and families, however.

- The *education* component consists of using developmentally appropriate practice in materials, curriculum, and educational practices. Several changes have been made to the classroom environment and curriculum to accommodate homeless children. Transitional activities and flexibility are used to ameliorate the emotional impacts of homelessness.

- The *family development* component involves the efforts of a family advocate who works with state, county, and local private agencies to link families with social services and make referrals for job and educational opportunities.

- The *health* component consists of providing children with needed immunizations and medical and dental screenings, exams, and treatment. A mental health specialist provides classroom support, consultation with families, and referrals.

- The *parent involvement* component provides parents with a variety of opportunities to participate in their children's education, in the classroom and at home. Parents may also participate in a number of different educational programs organized by UMOM Head Start.

The evaluation of UMOM Head Start is based on the two years of the demonstration project and involves examining specific outcomes related to children, families, the system, and policy. Data were collected from

various sources, including individual interviews, focus group interviews, classroom observations, child assessments, and program documentation. Evaluation results provide information about levels of service delivery and about perceptions of each group involved in the program.

Results from the second year of the evaluation are positive: the national purposes are being achieved, and many of the outcomes desired by Southwest Head Start were entirely or partially achieved. There are a few areas where the program could be modified and strengthened.

Children

One desired outcome of UMOM Head Start is for children to show growth in language skills and social, emotional, and physical development. An analysis of the Work Sampling System assessments showed that children developed on a high percentage of developmental tasks in each of the domains assessed. However, the number of children for whom more than one assessment was available was very small and few inferences can be made about their progress over time.

Results of classroom observations and focus group discussions revealed that the Head Start classroom is a safe and reassuring environment. Adaptations were made to the environment and curriculum and flexibility was a key element in this developmentally appropriate program. Transitional activities and strategies were developed and implemented to minimize the effects of transience.

During year two, considerable progress was made on the desired outcome of providing children with needed health and dental services. Improving current record keeping would likely result in an even higher percentage of children receiving timely services.

Family

Two primary objectives relate to families. The first objective is to assist parents in developing as their child's primary teacher. The desired outcomes associated with this objective include improved relationships within and between families and appropriate communication between children and adults.

Focus groups and interviews provided evidence of improved communication between children and adults, and there was a consensus that modeling positive interaction is the most powerful tool with which to impart this skill. Families also developed relationships with each other through a variety of UMOM Head Start sponsored opportunities such as family picnics, the *Parents as Teachers Program*, and time spent volunteering in the classroom. Overall, parents contributed an average of almost two hours per week per family to the Head Start program. This level of participation is slightly lower than it was in year one, but it is well beyond initial expectations of management and closely parallels support provided in regular Head Start classrooms.

The second overall objective relates to promoting parents' self-sufficiency through family-focused services. The database provides evidence that, in many cases, families made steps toward self-sufficiency. A majority of families were enrolled in economic support programs, found housing, and had employment when they left the program. However, some of the indicators of improved self-sufficiency were lower in year two than in year one. For example, the percentage of parents gaining employment while in the program remained stable in year two, whereas it increased threefold during year one. Likewise, a lower percentage of families were enrolled in economic support programs at exit from the program in year two than in year one. While these examples may appear to be steps backward, the fact that a much higher percentage of families was employed during year two is responsible

for fewer families being eligible for econornic support programs. However, despite employment, many of these working families remain in transitional housing units, which are actually motel rooms without kitchens priced at $350 per month—a strong indication of the lack of affordable housing in the area.

System

After two years of program implementation, a great deal has been learned about the provision of services to homeless children and families and about working collaboratively with other agencies. The desired outcomes have, in large part, been accomplished.

In year two, the system developed to enroll families was continued and efforts to improve the delivery of services were made. The family advocate expanded the network of service providers and families utilized services at a high level. The homeless family database developed in year one was also used during year two. It was considered useful by management, although not practical to continue without an computer on site.

The desired outcome of collaboration between Southwest Head Start, the UMOM shelter, and other service providers has been realized in various ways. Over the course of two years, Head Start and the shelter have created and modified the enrollment process, worked to eliminate duplication, and addressed barriers to retaining families in Head Start by modifying shelter rules. Shelter staff and Head Start staff often planned and trained together to provide coordinated services.

Focus group data confirm that the personal support systems put in place during year one continued to benefit staff through year two. Monthly meetings and sustained support from colleagues appear to be sufficient to help staff maintain their own emotional balance.

Finally, UMOM Head Start staff and management have developed strong skills in working with homeless children and families. Focus group data and classroom observations show that the SWHD philosophy of "building upon families' strengths" is at work in UMOM Head Start. Staff have learned to recognize and respond to homeless children's and families' special needs. Understanding that each homeless family has a unique set of circumstances and its own strengths and challenges is described by program staff as the basis on which to interact effectively with homeless children and adults.

Policy

Through analysis of findings from both years of the evaluation, it is clear that several strategies contribute to the success of the UMOM Head Start program. These strategies include:

- locating the program on the site of the homeless shelter
- establishing and maintaining a close working relationship with shelter staff and administration
- staffing the Head Start program with individuals who are able to work with families in crisis in a non-judgmental manner
- including community children in the Head Start program to provide continuity
- providing a flexible curriculum that accommodates the unique needs of homeless children, such as helping them adjust to entering and leaving the program
- creating a classroom environment that is comfortable and does not overwhelm children with too much stimulation
- providing ample and varied opportunities for parental involvement in a non-threatening and supportive environment
- providing opportunities for homeless parents to have social interactions with other homeless and community parents

- giving families the option to remain in the program after leaving the shelter
- assessing the effectiveness of strategies regularly and modifying them when needed
- providing staff with the support they need to prevent burnout

A few barriers to effective service delivery remain, although efforts to address some have been made:

- limited access to adequate transportation
- high turnover of participants
- lack of access to a personal computer for management and staff to keep current and historic records in an easy-to-use format

It is clear that the UMOM Head Start management team and staff have worked diligently to provide a high quality preschool experience for children and needed support services for parents. The changes that have been made over the course of two years are consistently in the direction of program improvement. Challenges to effective service delivery have largely been addressed, and a strong cooperative relationship exists between Head Start and the UMOM shelter.

The findings from this evaluation should be valuable to SWHD for future program planning, but they are also significant on a larger scale. First, none of the 15 other Head Start for Homeless Children and Families demonstration projects were located at homeless shelters. The program outcomes may differ from those of other programs in part for that reason. Parent participation is one example in which co-location clearly worked to participants' benefit.

Second, in 1995, the Arizona Department of Education's Homeless Education Coordinator acknowledged that UMOM Head Start is the only preschool program in the state specifically serving homeless children. The lessons learned about adapting a program for this unique population would be beneficial for any preschool program serving homeless children or other children in crisis.

Efforts to disseminate findings from this demonstration project should be pursued to the greatest extent possible. Although program management is not aware of any formal plans by the Administration for Children and Families to create a compendium of research from the 16 demonstration projects, other national organizations dealing with homelessness may take on this task. Such a compendium would be valuable for regional Head Start training centers, if not individual agencies.

Recommendations

Based on the results, the following recommendations are offered for the program:

- Continue to include community children and families in the UMOM Head Start program.
- Develop a record-keeping system that indicates program participants' current status regarding specific services.
- Reconsider the benefits of giving staff and management personal computers on-site.
- Pursue efforts to disseminate information to local, state, and national audiences.

ACKNOWLEDGMENTS

The author wishes to thank those who participated in the evaluation of UMOM Head Start. First, a sincere thanks goes to the staff and management of UMOM Head Start. Their candor and help with data collection made each task manageable and enjoyable. Recognition is also due to the parents who participated in the focus groups for the evaluation. Their insights about the program are greatly acknowledged and appreciated. The UMOM homeless shelter management is also recognized for consistently assisting with each evaluation related request. On the research and analysis side, the author would like to thank the following Morrison Institute personnel: Leslie Turner for her help with data entry and analysis; Kathleen Shaw for her feedback on analysis; and Rob Melnick, Mary Jo Waits, and Linda Wetzel for reviewing draft materials along the way.

INTRODUCTION

Homeless families with children constitute the fastest growing segment of the homeless population in the United States today (Rossi, 1993).While homelessness is devastating for any family, the young child in a homeless family is especially at-risk. Research has confirmed some of the negative outcomes for homeless young children in physical and emotional health, and cognitive development (Garmezy & Rutter, 1988; Molnar, Rath, & Klein, 1990). These early years are critical to the development of trust, self-efficacy, self-concept, and social relationships; it is, therefore, especially important for the homeless young child to have a stable, predictable environment that is supportive of exploration and risk-taking. A classroom may be the only place a homeless young child can experience this kind of environment.

Project Overview

The Arizona Head Start for Homeless Children and Families Project is a federal demonstration project funded by the Administration for Children and Families (ACF) in 1993. The demonstration funding was provided for three years. Planning occurred in the 1993/94 program year (August to July). The program was implemented in 1994/95 and continued to operate as a demonstration through 1995/96.

The ACF's purpose in providing funding to the Arizona project and 15 other similar projects across the country was two-fold: 1) to meet the educational and social needs of homeless children and families, and 2) to assist Head Start agencies in developing effective models of service delivery responsive to the special needs of homeless families.

In Arizona, the Head Start for Homeless Children and Families Project grantee is the Head Start Department of Southwest Human Development, Inc. (SWHD), which operates Head Start programs in the metropolitan Phoenix area. This evaluation of the Arizona project has been conducted by Morrison Institute for Public Policy at Arizona State University and is based on the two years of program implementation. The evaluation involved collecting data to address evaluation questions of interest to the grantee, as well as to determine whether the overall national goals have been met.

The first year report provided to SWHD (Mulholland & Greene, 1995) included a description of the program and recommendations for both the program and evaluation which could be pursued during the second year of implementation. This report covers the second year of the program, with selected references to data from the first year where differences between the years are compelling.

Program Description

The Head Start for Homeless Children and Families Project is housed at the United Methodist Outreach Ministries (UMOM) Homeless Shelter, located in Southeast Phoenix. The program is locally referred to as "UMOM Head Start" and is referenced this way throughout the report. The UMOM shelter was originally chosen as the site for this demonstration project because it is located within the SWHD catchment area and SWHD had already established a relationship with the shelter through another SWHD program, the *Parent and Child Center*. The location of the Head Start Project on the campus of a homeless shelter is unique among the 16 demonstration projects.

UMOM Head Start serves a total of 25 children between their morning and

afternoon classes. Each Head Start class meets for four hours Tuesday through Friday. Each group eats lunch and either a mid-morning or mid-afternoon snack. The children are either current or former residents of the UMOM shelter, with the exception of three slots in each class designated for children who live in the surrounding neighborhoods. These children are referred to as "community children."

Staffing in the second year of the program is shown in Table 1. The staffing configuration was reduced from that of the first year, during which a total of 234 hours between ten staff members were utilized each week. In year two, the total number of staff hours were reduced by 28 percent (to 169 hours per week). This reduction is largely accounted for by the elimination of one family advocate position and one teaching position. The remaining teacher and family advocate took up the responsibilities for the staff who left. The additional turnover between years one and two consisted of the assignment of a new mental health specialist, education coordinator and health manager.

Table 1: UMOM Head Start Staffing

Position	Number of Staff	Staff hours per week
Project Manager	1	8
Lead Teacher	1	40
Assistant Teacher	2	32x2=64
Family Advocate	1	40
Mental Health Specialist	1	8
Education Coordinator	1	4
Health Manager	1	5
Total	8	169 hours/week

The Project Manager continues to oversee the operation of the program, interacts with the shelter director and federal project officer, reports to the director of Southwest Head Start, and develops the professional development plan for staff. Staff roles and responsibilities are described within the program components below.

Professional development for staff is organized and conducted by SWHD. Workshops and training sessions cover a broad range of topics in such areas as health and personal safety, communication, multicultural awareness, working with families in crisis, and parenting.

The federal Head Start program provides comprehensive educational, health, family development, and parent involvement components. UMOM Head Start utilizes the same philosophy and approach as the Head Start program in general. Nevertheless, program components have been modified locally where necessary to better meet the specific needs of homeless children and families. A description of the program components follows:

- **Education:** Developmentally appropriate practice is the cornerstone upon which the education component is built. This child-centered approach to early childhood education emphasizes experiential learning and provides integrated learning opportunities in each of the domains of development: cognitive, social, emotional, and physical.

The teacher and assistant teachers have adapted the classroom environment, curriculum, schedule, and meals and snacks based upon information gathered before program implementation, and through their own experience with children in the UMOM Head Start program. One of the most obvious differences between UMOM and typical Head Start programs is the more minimalistic classroom environment at the UMOM Head Start. Staff learned early in the program that providing the typical quantity of materials was too stimulating for homeless children.

Due to the high turnover of children, certain curriculum elements are emphasized and

repeated throughout the year, such as health and personal safety issues. Another adaptation initiated to meet the special needs of homeless children are transitional activities which are built into the curriculum so that the frequent departures and arrivals of classmates are less disruptive to children in the program.

During year two, educational assessments of the children were conducted by using the Work Sampling System (WSS) checklist (Meisels, 1994). This assessment system is individually based and conducted by teachers trained to observe children during "natural" classroom activities and interactions. Another portion of the assessment involves a narrative description of each child's development and a discussion with the child's parents about his or her development.

■ **Parent Involvement**: Parent involvement is an important aspect of UMOM Head Start and is encouraged by all staff members in their interactions with parents. Parents are welcomed and actively encouraged to volunteer in the classroom. Participating in this way serves multiple purposes. It allows the teacher to reinforce the parent's central role in their child's education. It also provides an opportunity for the parent to observe developmentally appropriate interaction with children and to receive first-hand lessons in finding alternative solutions to discipline problems and conflicts. In addition, parent volunteer hours provide UMOM Head Start with the "in-kind" hours which are considered a local match of funds required by ACF. The UMOM shelter also allows parents to consider three hours per week spent in Head Start to be counted toward their six hours of required community service.

Staff encourage parental participation at home through activities such as reading and playing games. The teacher regularly provides parents with ideas for activities they can do with their children. For example, a lending library exists so parents can access games and books for their children in the evenings.

A number of educational opportunities are provided to parents themselves. UMOM staff operate the 12-week long *Parents as Teachers Program*. This program covers child development topics such as how children learn, learning through music and stories, and positive discipline techniques. It also covers interviewing skills, CPR, and managing stress at home and work. Parents are actively involved in selecting topics for this program.

Other educational programs are offered including an eight-week series on nutrition, English classes, and workshops on special topics such as resources and how to access them. Monthly parent meetings are held where program issues and planning occurs. These meetings give parents the experience of running formal meetings and voicing their opinions and concerns.

■ **Family Development**: The UMOM Head Start family advocate provides the family development component. At registration, families schedule a home visit with the advocate during which the family identifies its economic, educational, or other needs. The advocate works to link families with resources to meet these needs, coordinating with state, county, and local private agencies. The family advocate makes referrals for families, coordinates parent activities, and helps develop the *Parents as Teachers Program* with the teachers and project manager.

■ **Health and Mental Health:** The health component provides basic health services to children through coordination with local health agencies. Health services include immunizations, medical and dental screenings and exams. Immunizations are provided through the Maricopa County Homeless Outreach Health Coordinator who visits the shelter monthly. The family advocate and the health manager conduct

the dental and health screenings. On the basis of these screenings, the family advocate makes referrals for follow-up exams and treatment through various health agencies and provides transportation when possible.

Mental health services are provided by the mental health specialist. This UMOM Head Start staff member spends time in the classroom working with children and consulting with the teachers, in addition to providing some limited consultation with families, and making referrals to outside agencies. The SWHD mental health manager also works with UMOM Head Start staff to provide monthly support sessions for staff to resolve emotional issues that emerge in working with a homeless population.

UMOM Shelter: Capacity and Staffing

The UMOM shelter is located in a converted motel. There are 108 family apartments; 66 are emergency housing units where families may stay for up to three months, and 42 are transitional housing units where families may reside for as long as two years. Another 31 units are considered permanent housing for single men and women, funded through the federal Housing and Urban Development administration (HUD). Another ten transitional units on the campus are designated for single women.

Social service staffing at the shelter during 1995/96 consisted of five case managers, one case supervisor and six student interns, one crisis intervention counselor, one housing coordinator, and one general education coordinator. The shelter also uses the services of many volunteers and coordinates with a number of agencies to provide services and educational classes.

The UMOM shelter has a number of programs on site which service children. The on-site child care center employs a center director, an early childhood education specialist, and six child care assistants. The child care center has capacity for 64 children at a time, and serves children age one through 11. The center is accessible only to parents who are either working, going to school, looking for a job, or in a crisis which may be placing the child at risk of harm. An after school program was initiated in 1995/96 and serves an average of ten children daily. It is staffed by teachers in the surrounding schools and one part-time coordinator. In addition, Southwest Head Start's Parent and Child Center operated through the end of year two. This program served pregnant women and women with infants and toddlers, some of whom were shelter residents.

METHODS

Evaluation Design

The UMOM Head Start evaluation is based upon questions developed through analysis of the program objectives stated in the original project proposal and discussions with the project management team. The evaluation matrix shown in Table 2 was included in the proposal sent to ACF and was slightly modified to reflect the evolution of the project during year one.

Evaluation questions are aligned with desired program outcomes which, in turn, are based upon five overall program objectives relating to children, family, the system, and policy. These objectives are described fully in Table 2 and are also the basis for presentation of the results section of this report.

Instruments and Data Collection

The evaluation methods and instruments shown in the right-hand column of Table 2 were agreed upon by the evaluator and the project management team. Just as the evaluation questions evolved based on the reality of the program, so too have the data sources. For example, during year one, the Work Sampling System was not implemented, so it could not be used to assess children's development over time; however, it was used during year two.

Program Documentation

Several types of program documentation were collected for the evaluation. In order to systematically collect data relevant to the evaluation, a database was developed during the first year of the program by the evaluator in cooperation with the project management team and project staff. The database meets "part C" of the evaluation plan's desired outcome 4.3 which states that a homeless client database and tracking system will be developed.

During year two, the database was updated quarterly with information from the family advocate. Data elements include demographic information, family mobility information, indicators of self-sufficiency, health, and parent involvement. A sample of the database is shown in Appendix A.

Guidelines which explain the coding of data were given to the family advocate and have been modified for clarity and for new situations that have developed over the course of the program. These guidelines are provided in Appendix B. The evaluator summarized statistics from the database and gave them to the project manager for inclusion in the quarterly project report to ACF. Year two summary statistics from the database are shown in Appendix C.

Other program documentation provided by the program staff and management and used for the evaluation is shown below:

- Work Sampling System Checklists (Meisels, 1994)—These developmental assessments are supposed to be conducted three times over the program year. However, due to the turnover in the UMOM Head Start program, some children were only assessed once or twice, depending on their length of stay. Although these assessments were designed for individual instructional purposes, the evaluator conducted a simple descriptive analysis to show how much progress children make while in the program.

- Classroom lesson plans - All lesson plans were reviewed for occurrence of nutrition-related classroom activities.

Table 2: Evaluation Plan Overview: UMOM Head Start Demonstration Project

Desired Outcomes	Evaluation Questions	Evaluation Method - Instruments
Objective 1 (Children): To enable homeless children to expand their cognitive, physical, emotional, and social development.		
1.1 Homeless children enrolled in Head Start demonstration project will show growth in their language, physical, social and emotional development through participation in developmentally appropriate activities in a safe, reassuring, flexible environment, conducive to smooth transitions.	1.1 Do homeless children enrolled in Head Start show growth in the following developmental areas? a) language skills b) social skills/emotional c) physical - fine/gross motor Is the Head Start classroom a safe, reassuring, flexible environment that is conducive to smooth transitions?	▪ Review of *Work Sampling System* checklists for language, social, and fine/gross motor development. ▪ Interviews with program staff ▪ Classroom observations
1.2 Homeless children enrolled in the Head Start demonstration project will receive needed medical/dental screenings, immunizations, and treatment.	1.2 Are homeless children enrolled in the Head Start demonstration project receiving needed medical/dental screenings, immunizations, and treatment.	▪ Review and analysis of child health records (e.g., immunizations, health screenings). ▪ Program documentation
1.3 Homeless children enrolled in the Head Start demonstration project will receive ample, well-balanced snacks and meals, and be provided nutrition information and activities as part of the curriculum.	1.3 Are homeless children enrolled in the Head Start demonstration project receiving ample well balanced snacks/meals? Are children enrolled receiving nutrition information and participating in nutrition-related activities?	▪ Program documentation (e.g., menus) ▪ Classroom Observations ▪ Review of lesson plans
Objective 2 (Family): To empower homeless parents to develop their roles as their children's primary teachers and care givers in developmentally appropriate ways.		
2.1 Enhanced relationships within and between families including more frequent and appropriate communication between children and adults and increased family-to-family relationships.	2.1 Is there evidence of increased communication between children and adults & increased family-to-family relationships?	▪ Family interviews and/or focus groups ▪ Family advocate interviews
2.2 Increased parent involvement in developmentally appropriate, experiential, hands-on activities with their children.	2.2 Is there evidence of increased parental involvement in developmentally appropriate activities with their children?	▪ Program documentation of parent involvement (in class or on their own) ▪ Interviews with program staff
Objective 3 (Family): To enable homeless families to gain increased independence and self-sufficiency through active use of comprehensive, family-focused services.		
3.1 Homeless families will develop skills which assist in moving toward self-sufficiency and independence as they make the transition to a permanent residence in the community of their choice.	3.1 Is there evidence that homeless parents are gaining independence such as obtaining and maintaining employment and/or permanent housing?	▪ Program documentation: review of progress made by families in achieving goals outlined in action plans ▪ Family interviews and/or focus groups

Desired Outcomes	Evaluation Questions	Evaluation Method - Instruments
Objective 4 (System): To deliver a coordinated system of family-focused, comprehensive, and unduplicated services responsive to the special needs of homeless families in the service area.		
4.1 Develop mutually agreed-upon definitions of "successful" and "effective" as they relate to the demonstration project.	4.1 How are "successful" and "effective" defined by the stakeholders in the demonstration project?	▪ Key collaborator interviews and/or focus groups
4.2 Develop and implement successful strategies for enrolling and retaining homeless families in Head Start.	4.2 What strategies are most successful for enrolling and retaining homeless families in Head Start? What barriers exist in this area?	▪ Key collaborator interviews and/or focus groups ▪ Program documentation
4.3 Develop a system which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; & c) includes a homeless client database and tracking system.	4.3 Was a system developed which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; and c) includes a homeless client database?	▪ Program documentation ▪ Key collaborator interviews and/or focus groups
4.4 Collaboration between SWHD-HS, the UMOM program, and various service providers to deliver more services in the time frame and locations appropriate to the needs of homeless families.	4.4 Is there evidence of collaboration between SWHD-HS and other providers that deliver services to homeless families? What strategies appear to be most successful? What barriers exist?	▪ Key collaborator interviews and/or focus groups
4.5 Personal support systems will be in place that enable Head Start staff to maintain their own emotional balance and work with the homeless population.	4.5 Are system supports adequate to support the efforts of the Head Start staff?	▪ Documentation of staff development and support activities ▪ Interviews with program staff
4.6 SWHD staff will develop skills and sensitivity necessary to work with homeless children and families.	4.6 Are SWHD staff developing the skills necessary to work with homeless children and families?	▪ Classroom observations ▪ Interviews with program staff
Objective 5 (Policy): To document and disseminate an effective, replicable approach for delivery of comprehensive, family-focused service uniquely responsive to the special needs of homeless families in the SWHD-HS service area.		
5.1 Identify and disseminate effective ways to serve the homeless families in the SWHD-HS service area and in similar service areas.	5.1 What strategies appear to be effective for providing services that are appropriate for homeless children and their families? What barriers exist in this area? How is the information being disseminated?	▪ Key collaborator interviews.

- Classroom menus—Some menus were reviewed to document the planning and delivery of nutritious snacks and meals.

- Sample of Family Development Checklists and Family Enrichment Plans—To determine family progress toward self-sufficiency goals, the family advocate selected a sample of records for review. The advocate selected the records of active UMOM Head Start participants who were in the program for at least half the year.

- Description of staff development and support activities—The project manager and mental health manager provided written and verbal information about these activities.

Interviews and Observations

The evaluator collected additional information through an individual interview, focus groups, and classroom observations. Each method is described below:

- Individual interview: An interview was conducted with the director of the UMOM shelter.

- Focus groups: Four focus groups (three in English; one in Spanish) were conducted to gain the perspectives of key stakeholders. The interview protocols were developed by the evaluator. All sessions were conducted by the evaluator with the exception of the parent interview for Spanish-speaking parents. Each session lasted between one and two hours and was audio taped and transcribed. The following groups participated:

    - Project management team: project manager, education manager, and health manager.
    - Program staff: family advocate, lead teacher, assistant teachers, and mental health specialist.
    - Parents: one group of Spanish-speaking parents, one group of English-speaking parents.

- Classroom observations: Both formal and informal classroom observations were conducted for the evaluation. In June 1996, one formal observation was conducted in the morning and afternoon classes, each lasting two hours. The purpose of the formal observation was to document the presence or absence of developmentally appropriate practices, transition activities, flexibility, and adaptations made to accommodate the homeless population.

The evaluator used *Gottlieb's Developmentally Appropriate Practice Template—ADAPT* field test version (1995) to assesses three components of developmentally appropriate practice: 1) promoting children's academic development (curriculum and instruction); 2) supporting children's social and emotional development (interaction); and, 3) facilitating children's overall development (classroom management).

Informal observations occurred throughout the year, mostly in conjunction with the evaluator's visit with the family advocate or project manager. These classroom visits usually involved observing the current activity and talking with the lead and assistant teachers. These visits provided the evaluator with an understanding of a number of classroom variables: the variety of activities occurring, the tone of the classroom, transitional activities, and flexibility. A review of lesson plans, classroom schedules, and discussions with lead and assistant teachers were also used to inform the evaluation.

RESULTS

In this section, family demographic and mobility information are presented, followed by findings related to children, families, system, and policy.

Family Demographics and Mobility

Data presented here are derived from the homeless family database and reflect all 50 families who participated in the program during year two.

Demographics

- 38% of families entering UMOM Head Start are headed by single parents
- the average number of children in UMOM Head Start families is 2.8
- the average age of mothers is 29; the average age of fathers is 32
- 30% of UMOM Head Start families are predominantly Spanish-speaking
- 24% of children attending UMOM Head Start are residents of the neighborhoods surrounding the shelter
- 25% of participating families live in the emergency shelter housing; 50% moved from the emergency housing to transitional housing

Figure 1

History of Homelessness*

**community families excluded*

Figure 2

Ethnicity

Figure 3

Mother's Education Level

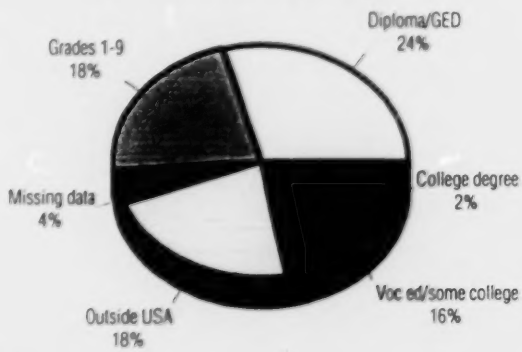
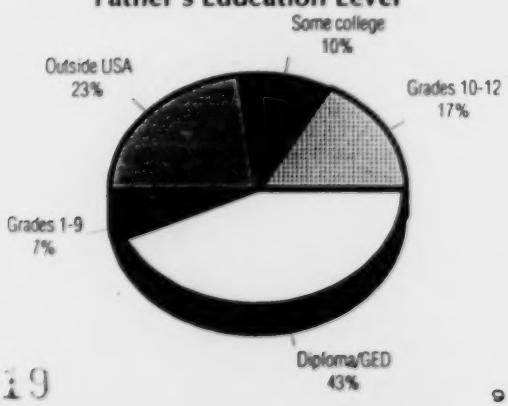


Figure 4

Father's Education Level



Family Mobility

Table 3: Average Number of Days in Program

	Mean	Median	Range
Shelter Families (Homeless; n = 46)	121	66	0-330
Community Families (Not homeless; n = 14)	170	109	31-330

Figure 5

Length of Stay in UMOM Head Start

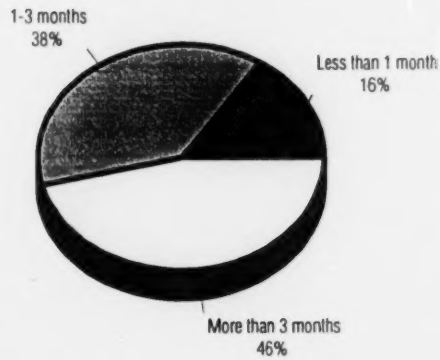
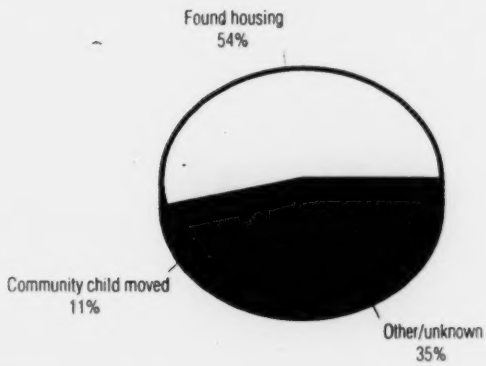


Figure 6

Reason for Leaving* UMOM Head Start



* evictions were not a reason for leaving program this year due to change in rules

Child Outcomes

Education-related Outcomes

Evaluation question 1.1 - Part A

Do homeless children enrolled in UMOM Head Start shown growth in the following areas: a) language skills, b) social skills/emotional, c) physical-fine/gross motor?

To answer this question, a descriptive analysis of Work Sampling System (WSS) checklist assessments was conducted. Each time a child is assessed with the WSS, the teacher notes the child's current skill level on specific tasks within developmental domains. The choices to denote skill level are: "not yet," "in process," and "proficient."

A total of 41 children was assessed over the course of the year. This represented 68 percent of all children who cycled through the program. Fifty-eight percent of these children (24 children) were assessed only once. Fifteen percent (six children) were assessed twice, and 27 percent (11 children) were assessed three times. Most of the remaining 39 children for whom assessments were not available were in the program for short periods of time. Analysis of assessments completed revealed that 85 percent of children were assessed in a timely manner, *i.e.*, assessments were administered soon after a child entered the program and were administered regularly about every three to four months thereafter.

Since children participated in the program for varying lengths of time, the evaluator divided their assessments into two groups to represent *time in program*. One group included children who were in the program long enough to be assessed by the teacher three times. Their average stay in the program was 10.7 months. The other group consisted of children who were assessed

twice. Their average stay was 6.4 months. Children assessed only once were not included in the analysis.

A sample of five tasks from each developmental domain within the WSS was selected for analysis. To determine whether children gained proficiency during the program, the evaluator calculated the difference between first and last assessments on all five tasks for each child. Three proficiency gain scores were possible: zero, one, and two. This scale also allows the very first assessment to find a child "already proficient" at any task.

The number of children at each proficiency gain score (i.e., 0, 1, 2, and already proficient) was added across the five tasks within the domain. These totals were then divided by the total number of child tasks in the domain (e.g., child tasks for the 11 children assessed three times entailed multiplying 11 children by five tasks). Table 5 *represents the percentage of tasks for which the children improved by the levels shown. For example, within the domain of Personal and Social Development, the children gained one proficiency level on 56 percent of the tasks.*

Table 4 describes the two groups of children whose assessments were analyzed. As the two groups are almost identical in age, differences between them are not likely to be a factor of age. It is important above all to keep in mind that the number of child assessments used in this analysis is very small, so results shown in Table 5 may not be representative of all children in the program. Nevertheless, the data provide some information about gains in proficiency for the children assessed.

Table 5 shows proficiency gains for each domain and across domains. The pattern of growth is similar across domains, with a few exceptions. Specifically, mathematical and scientific thinking were the two areas with the highest percentage of tasks on which children did not show development between assessments. Also, depending on the domain and time in program, children were already proficient on 13 to 48 percent of the tasks. Overall, regardless of time in program, children gained one level on the majority of tasks, either from "not yet" developed to "in process" or from "in process" to "proficient." Children gained a full two levels on only a small percentage of tasks.

Examining average growth across developmental domains shows some interesting differences between groups. Children advanced one level on the majority of tasks. However, on 15 percent of the tasks, children with an average of 6.4 months in the program did not show gains, compared to five percent of the tasks for children with an average of 10.7 months in the program. There are also interesting differences for children who were already proficient at their first assessment. Children in the program an average of 10.7 months were already proficient on 35.5 percent of tasks compared to children with an average of 6.4 months in the program who were proficient at 19.6 percent of tasks upon their first assessment.

Table 4: Children Assessed with Work Sampling System

	Group Assessed 3 Times	Group Assessed 2 Times
Number of Children Assessed	11	6
Average age at first assessment	4.46	4.45
Average time in program	42.6 wks (10.6 mos)	25.6 wks (6.5 mos)

Table 5: Work Sampling System—Gains in Proficiency on Developmental Tasks in Percentages

Proficiency Levels Gained	Group Assessed 3 Times *(Ave stay = 10 months)*	Group Assessed 2 Times *(Ave stay = 6 months)*
Personal and Social Development		
0	2% [a]	10%
1	56% [a]	60%
2	13% [a]	3%
Already proficient at entry	25% [a]	27%
Language and Literacy		
0	0%	11% [b]
1	6%	61% [b]
2	6%	0% [b]
Already proficient at entry	33%	22% [b]
Physical Development		
0	0%	6%
1	52%	67%
2	0%	6%
Already proficient at entry	48%	22%
The Arts		
0	0%	17%
1	55%	67%
2	0%	0%
Already proficient at entry	45%	17%
Mathematical Thinking		
0	14%	21%
1	55%	67%
2	2%	0%
Already proficient at entry	30%	13%
Scientific Thinking		
0	14% [c]	25%
1	36% [c]	58%
2	9% [c]	0%
Already proficient at entry	32% [c]	17%
Across Developmental Domains		
0	5.0%	15.0%
1	52.5%	63.0%
2	5.0%	1.5%
Already proficient at entry	35.5%	19.6%

a 4% of data missing
b 6% of data missing
c 9% of data missing

Evaluation Question 1.1 - Part B

Is the Head Start classroom a safe, reassuring, flexible environment that is conducive to smooth transitions?

The focus group held with the program staff and classroom observations in the first year of the program revealed the kinds of changes that were made to all aspects of the program in order to accommodate the needs of homeless children and families. Many of these changes were designed specifically to promote a safe, reassuring environment, with built-in flexibility and transitional activities. For example, in year one, the teaching staff discovered that making changes to the classroom environment had to be done with caution. Changing artwork, adding new instructional materials or games, or even adding new songs to the classroom repertoire resulted in anxiety, confusion, and the emergence of behavioral aberrations in the children.

In year two, program staff reported that while caution still was exercised, the children were not quite as sensitive to environmental changes. The staff attributed this change to their perception that family situations in year two were not as severe as they were in year one. Other data corroborate their perception. For example, a higher percentage of families had employment upon entry and exit from the shelter in year two than in year one.

The staff also noted that, like year one, turnover was extremely high and therefore, they repeated certain elements of the curriculum frequently. Lessons that relate to health (such as tooth brushing and hand washing) and personal safety (such as fire safety) were repeated often so that children staying for even short periods would be likely to encounter them.

Program staff reported that the transitional activities that were undertaken during year

one were continued during year two. For example, taking pictures of classmates, talking about old classmates who left, and keeping their photographs and artwork displayed, all contributed to the children's comfort and ability to cope with a constantly changing environment. Having advance warning of departures allowed the staff to prepare children for transitions and have celebrations as well. However, many times families left without any notice, which made these transitions more disruptive for the children and the staff.

In a further effort to ease transitions during year two, the Head Start staff worked with the shelter child care center to determine how the two programs might align their practices. The two groups worked to align classroom rules, schedules, environments, and staff training so that children who move between the two sites encounter fewer changes and demands on their ability to adapt.

Classroom observations in year two clearly demonstrate the continuation of developmentally appropriate practice and adaptations made to the environment. Results from ADAPT revealed strong evidence of developmentally appropriate practice. Table 6 presents the scores from ADAPT.

Table 6: 1996 ADAPT Scores

Curriculum and Instruction	Interaction	Classroom Management	Summary (overall)
4.5	4.8	4.2	4.5

* Based on a scale of 1 to 5, with 5 being the most developmentally appropriate

Focus groups and individual interviews confirm that the Head Start classroom is inviting to children and parents. Parents described their children's enthusiasm for the Head Start classroom, their teachers and the classroom schedule.

Classroom observations showed an increase in the number of materials present over year one, which is consistent with program staff's comments about this cohort's greater capacity to deal with a changing environment than the first year's cohort. However, there are fewer materials than one would find in a typical Head Start classroom.

Another basic program planning element that all program staff viewed as essential to creating some form of continuity is including community children in the classroom with homeless children. Staff believe the life experiences and behavior of community children differ from those of homeless children. The social interaction and modeling that occurs with exposure to children living in more stable home situations is seen as having a positive influence on the homeless children. Staff also see this effect mirrored in the parents involved as well.

Health and Nutrition-related Outcomes

Evaluation Question 1.2

Are homeless children in UMOM Head Start receiving needed medical/dental screenings, immunizations, and treatment?

Data reported quarterly by program staff are shown in Table 7 for both years of the program. These data show that medical and dental care was made available to participants but utilized to very different degrees over the two years. Specifically, the percentage of children who received medical and dental services while enrolled in the program increased in every service area. The percentage of participants who left the program without receiving services greatly decreased.

A separate analysis examining the health records of children who left the program without receiving services (*i.e.*, the "not at

Table 7: Medical and Dental Services

	Before entry		During program		Not at all		Missing data	
Service	1995	1996	1995	1996	1995	1996	1995	1996
Full immunizations	51%	63%	23%	32%	21%	3%	5%	2%
Medical screening	4%	2%	40%	75%	47%	22%	9%	2%
Medical exam	9%	5%	11%	52%	74%	40%	6%	3%
Dental screening	6%	2%	30%	58%	58%	32%	6%	8%
Dental exam	4%	50%	9%	38%	81%	2%	6%	10%

all" column), shows that, in both years, approximately 50 percent of the children who left the program without receiving their medical and dental services were in UMOM Head Start for longer than one month. Twenty-four percent of those leaving without medical and dental services were enrolled in UMOM Head Start for longer than two months.

Program staff reported that follow-up medical treatment was needed by 10 percent of the children—all of whom received treatment before leaving the program. Twelve percent of the children required follow-up dental treatment; however, only 43 percent of these children received treatment before leaving the program.

Evaluation Question 1.3

Are homeless children enrolled in UMOM Head Start receiving ample well-balanced snacks and meals? Are children receiving nutrition information and participating in nutrition-related activities?

UMOM Head Start complies with nutrition guidelines set by the Head Start Bureau. The nutrition-related goals of Head Start are to provide children with well-balanced, healthy snacks and meals and to expose them to a variety of healthy foods. A review of the menus shows that a wide range of healthy foods was provided to children daily.

However, the program staff reported that children in UMOM Head Start often forgo eating when confronted with unfamiliar foods. The concern of the staff has been that the children are hungry and need nutritious food, and that in this setting, feeding them well should take priority over exposure. The staff report that they have been somewhat flexible in this regard.

A review of weekly lesson plans showed the regular occurrence of food and nutrition-related lessons and activities. For example, children explored the tastes of sweet, sour, salty, and tart. They learned about nuts, tasting them and comparing their shells. Exploration of good nutrition was reinforced often, usually in the context of thematic units. A unit on farms introduced children to dairy cows and milk. During this unit, children learned to make butter. During the unit on gardens, children grew a garden exploring and tasting a variety of fresh vegetables.

Children in UMOM Head Start learned about health and safety issues regularly. For instance, lessons on hand washing, tooth brushing, and fire and water safety occurred every one or two months throughout the year.

Family Outcomes

Evaluation Question 2.1

Is there evidence of increased communication between children and adults and increased family-to-family relationships?

Parent-Child Relationships

All stakeholders in UMOM Head Start believe that the program is responsible for improving parental interaction with children and their attitudes towards parenting. Participants and staff describe a number of factors they feel are responsible for the positive changes. The administrative and program staffs described the importance of modeling appropriate interaction and health behaviors in altering parents' behavior. They note that modeling is a much more powerful tool to impart new skills and behaviors than any kind of formal teaching which may carry the negative connotation of "lecturing." This underscores the importance of getting parents into the classroom where they can observe new ways of interacting and solving problems.

Many of the insights parents said they gained through the program reflect time spent observing in the classroom. A few of the statements parents made confirm this:

- "Children learn to respect other children and adults through Head Start."
- "Children learn through trial and error."
- "They [Head Start staff] tell us to talk about the problem first, not to scold the child or yell—try to make them understand."
- "Whenever I have the opportunity to sit in the class, it is a very positive experience for me as well as for the kids."
- I have learned that children grow through experiences. They [Head Start staff] take them to the zoo and even to the grocery store."

A few parents described learning the value of providing a consistent schedule for children. One mother said, "I try to follow the same classroom format at home. My daughter always has to pick up after herself, be organized, and follow a certain schedule."

They also noticed positive changes in their children's behaviors. Another parent noted, "My daughter takes the responsibilities she has in the classroom home with her. She always cleans up after she finishes something and organizes her things without having to be reminded to do so."

Parents also described working with their children at home. The classroom lending library developed for this program was well-utilized and seen as beneficial in providing opportunities to interact with the children.

The *Parents as Teachers Program* is noted by staff and parents as being helpful in addressing their specific concerns. The staff involves the parents in planning the program from the beginning, which they feel contributes to the parents' ownership of the program. Parents described the series as making valuable contributions to their understanding of parenting. In addition, the family advocate's work in arranging other educational programs is seen as very targeted and beneficial. For example, Spanish-speaking parents stated that the ESL classes the family advocate enrolled them in have been very important to them.

The importance of employing very sensitive and non-judgmental staff was described by management as crucial to gaining the trust, respect, and participation of parents. Forming respectful relationships with parents is seen as vital to making parents receptive to the new modes of interacting that they see in the Head Start program.

Parents, in turn, expressed their appreciation of the staff's efforts. Parents believe the UMOM Head Start staff work very hard to meet all participants' needs. They are asked

their opinions on issues and feel valued in the program.

Family-to-Family Relationships

Program documentation shows that staff provided many formal and informal opportunities for families to interact. In addition, parents in the focus group stated that UMOM Head Start activities helped them form friendships and feel supported in ways that they had not experienced before. The parent classes, parent meetings, informal meetings with the family advocate, field trips, classroom volunteering, and organized UMOM Head Start activities all contribute to forming relationships with others based upon common concerns and mutual interest in their children's education.

Evaluation Question 2.2

Is there evidence of increased parental involvement in developmentally appropriate activities with their children?

The homeless family database included total hours that parents contributed to their children's education in Head Start, either at home or in the classroom. A per week average was derived by taking into account the length of time families were in the program. The average participation during year two is reported as 1.9 hours per week. This is a decrease from year one when the average was 2.2 hours per week. Program staff attribute the decrease to the fact that more families were working this year. Program documentation confirms this.

During the focus group, parents described some of the activities they engaged in with their children, home activities suggested by the teacher, and the classroom lending library. They also mentioned their newfound ability to make objects and events in everyday life into learning experiences for their children. More than concrete examples, though, parents mentioned learning about child development and appropriate expectations for their children's behavior and learning.

Parents also extended their knowledge base from the *Parents as Teachers Program* and the nutrition series as well. One or more of these sessions were attended by 32 percent of the parents. Another 48 percent did not participate at all, and data were not available for 20 percent of the parents. The rate of non-participation was slightly lower in year two, although the fact that data were unavailable for twelve percent of parents during year one make it impossible to determine the true rate of non-participation for either year.

Evaluation Question 3.1

Is there evidence that homeless parents are gaining independence such as obtaining and maintaining employment and/or permanent housing?

The answer to this question is based upon three sources of data: 1) a review of Family Development Checklists and Family Enrichment Plans; 2) focus group data from program staff and the management team; and 3) the homeless family database.

The review of Family Development Checklists and Family Enrichment Plans was done in order to assess family progress toward the goals they set together with the family advocate. Because records were already filed in storage at the time of the review, documents of only three families were analyzed. These records did indicate some progress toward self-sufficiency, however, the small number reviewed limits the usefulness of this analysis.

Enrollment in Social Programs

UMOM Head Start staff and management agree that a fundamental step toward self-sufficiency involves alleviating the immediate economic distress that contributes to homelessness. To this end, enrolling in benefit programs for which many families are eligible promotes stability.

The enrollment in economic support programs for UMOM Head Start families is shown in Table 8 below.

Results show that before or during the program, a majority of parents were enrolled in economic support programs (66% received medical benefit through AHCCCS; 68% received food stamps; and 52% received AFDC benefits). Enrollment in AHCCCS and food stamps was much higher before entering UMOM Head Start in year two. Likewise, enrollment for these benefits during the program was predictably lower. A much higher percentage of families left the program without enrollment in the support programs in year two than in year one.

Employment

Employment data were collected from families at enrollment and exit from the program, and records were compiled on the homeless family database. Table 9 below compares employment statistics from years one and two.

Table 9: Employment Status

	1994/95	1995/96
Unemployed at entrance	87%	40%
Employed at entrance	11%	60%
Unemployed at entrance → unemployed at exit	72%	85%
Unemployed at entrance → employed at exit	28%	15%
Employed at exit	30%	56%

Employment data reveal dramatic differences between the population in year one and two. For example, where only 11 percent of participants were employed upon entrance to the UMOM Head Start program in year one, a full 60 percent were employed at entrance in year two. A comparison of individuals employed at entrance and exit from UMOM Head Start for both years reveals that the employment rose almost three times in year one (11% to 30%) where it fell slightly in year two (60% to 56%).

Enrollment in Educational Programs

Data from the homeless family database show that 11 percent of all parents were enrolled in an educational program during their time in the program. The most common program attended was Job Opportunities and Basic Skills (JOBS) and Arizona Women's Education and Employment program (AWEE). A few were involved in other job training

Table 8: Percentage of Families Enrolled in Economic Support Programs (n = 53)

Program	Enrolled Prior to Entry		Enrolled During Program		Not Enrolled at Exit		Missing Data	
	1995	1996	1995	1996	1995	1996	1995	1996
AHCCCS	47%	62%	40%	4%	8% *	26%	—	8%
Food Stamps	38%	48%	42%	20%	17%	28%	3%	4%
AFDC	40%	32%	36%	20%	6%	22% **	5%	—

* 4% had insurance through their employer
** the other 26% were ineligible for AFDC

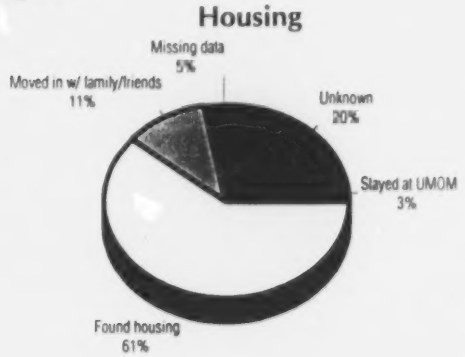
and one person took general classes at a community college.

Another significant step in improving employability and self-sufficiency for many families is becoming proficient in the English language. Eighty percent of Spanish-speaking families took English as a second language (ESL) classes during the UMOM Head Start program. Parents in the focus group described the encouragement they received from the teaching staff and family advocate to pursue these efforts, and the assistance they received in making the classes more accessible.

Housing

Upon leaving the UMOM Head Start program, a majority (61%) of the families obtained permanent housing. Many families left without giving any notice, so their housing status is undetermined. Figure 7 shows the distribution of housing status for all families.

Figure 7



Program management and staff view any step toward self-sufficiency as noteworthy. The consensus is that working with families requires ongoing support. It may not be possible to measure the result of intervention immediately. Management believes that it has taken families much time to run out of options and become homeless. There are reasons for the lack of self-sufficiency and some of those reasons require time to change.

System Outcomes

Evaluation Question 4.1

How are "successful" and "effective" defined by the stakeholders in the demonstration project?

All stakeholders involved in operating UMOM Head Start express the realistic view that how far a family can go toward self-sufficiency during the course of a program such as this depends in large part on where it begins. According to UMOM Head Start personnel, the key to success seems to be to accurately assess families' strengths and needs and work from there. Knowing why a family became homeless provides a starting point. Many parents need to learn basic skills. "For some families," the project manager stated, "moving to self-sufficiency involves many steps. You can't go to school if you can't manage your own time first."

While some families are not able to plan their activities for the day, others are very capable of setting and reaching long-term goals. It was also expressed that becoming homeless itself creates a whole set of barriers. Removing some of these barriers and providing support along the way is viewed as making the goal of stability more reachable.

The health manager describes success in terms of linking families to a primary care provider or "a medical family/home." When families do not have this, a small problem which could easily be treated may escalate, ending up at the emergency room and costing the public for the service. Also, learning the importance of preventive health behaviors, such as hand washing, sanitizing tables and toys, and tooth brushing are far reaching in their effects.

Management and staff consider success in the education component to involve the feelings that children leave the program with.

As the education manager stated, "We are successful when the children leave with a sense of being cared for and safe, and anything we can do for their self-confidence is good."

With regard to the family development component, the management team hopes to provide staff for the program that will listen and support parents in their efforts. Occasionally, the staff do hear about families that have gone on to improve their lives. Although they acknowledge that it may not be visible initially, the staff believe that the assistance and experiences they provide will help parents advocate for their children and become empowered as individuals.

Evaluation Question 4.2

What strategies are most successful for enrolling and retaining homeless families in Head Start? What barriers exist in this area?

Enrolling Families in UMOM Head Start

The enrollment process that was developed during year one is still in place and has proven to be very successful. It involves a coordinated effort of the shelter caseworkers and the UMOM family advocate. Once the application process is complete, the family advocate and teacher make a home visit to the family, explaining the classroom, schedule, program rights and responsibilities, and the opportunities to volunteer in the classroom. When the program is full, families are placed on a waiting list.

Retaining Families in UMOM Head Start

Retaining families in the program continues to be a challenge. In total, 60 children cycled through the program over the course of the year. This equates to two-and-one-third complete turnovers in the classes—slightly lower than it was in year one.

At the beginning of the program, evictions were a common reason for families leaving; However, a few changes occurring over both years have virtually eliminated this problem. During year one, the Head Start management team was able to negotiate for the return of evicted families for the purpose of bringing their children to class. Some changes were made during year two to address this problem. First the shelter agreed to evict families only during weekdays so that Head Start staff had an opportunity to place families and prepare the children. The shelter further modified their rule of immediate eviction to take place over two days. These changes were reported to be helpful, but they did not eliminate the problem.

Head Start management and staff noticed that many of the families that were new to the shelter were not learning the rules quickly enough. In a very short time, they would exceed their third and final warning and be evicted. Even though the families could remain in the program after their departure, most did not. This situation exacerbated the retention problem. In an effort to resolve the issue, the Head Start staff and UMOM shelter staff came together for a meeting to deal specifically with the problem of retention. With the help of a meeting facilitator from SWHD, a compromise was reached to allow a grace period of two weeks for families to adjust to the shelter rules before being given warnings. During this time, the shelter caseworker helps the family learn the rules. In the view of the Head Start staff and management, this measure has improved the retention in the program. The UMOM shelter director confirmed that this measure helped retention. She also suggested the moderated meeting format be used in the future if necessary.

Staff reported that maintaining continuity in the UMOM Head Start program is almost impossible. However, it is very important to note that much of the attrition is due to families finding housing, which is the ultimate goal for homeless families.

Therefore, to a certain extent, attrition may be an indicator of success. Of course, once families leave the shelter, they are still permitted to keep their children in the program, but many move out of the area, often creating transportation and scheduling barriers.

Evaluation Question 4.3

Was a system developed which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; and c) includes a homeless client database?

Prioritizing Family Needs and Processing Referrals

Program management decided during year one that a formal system to prioritize needs and process referrals was not necessary. The informal system has worked fine by the accounts of management, staff, and parents.

Homeless Client Database

A homeless family database was developed by the evaluator at the beginning of the program and has been updated quarterly by program staff. The information collected consists of demographic, mobility, self-sufficiency, parent participation, and child health records. After data are compiled each quarter, the project manager and family advocate receive a report profiling the families enrolled during the quarter. The project manager includes these reports in her quarterly program report to ACF.

The response of those involved in the collection of these data is that the database is a helpful tool to examine characteristics of families. However, when asked if it is practical to maintain, the overwhelming consensus is that it is not. The primary reason for this view is that the database requires a personal computer, and UMOM Head Start does not have access to a computer.

Evaluation Question 4.4

Is there evidence of collaboration between SWHD-Head Start and other providers that delivery services to homeless families? What strategies appear to be most successful? What barriers exist?

According to the management team and shelter director, year two has been very good in terms of collaboration between Head Start and the UMOM shelter. Joint meetings occurred between case managers, the housing coordinator, and the Head Start family advocate to discuss strategies in working with families and other issues. Shelter staff attended many of the Head Start staff training sessions. The Head Start teaching staff worked with the shelter child care center to align practices so that transitions between the two programs would be smoother for children.

Some common goals were developed between UMOM and Head Start. Problems such as attrition from the program were addressed in a collaborative manner. Shared efforts were also made to reduce overlaps in services provided. The positive outcomes from these efforts have resulted in management and staff viewing the UMOM Head Start program as a more valued, integral part of the shelter during year two. While the two groups have different philosophies and practices, the Head Start management has found the shelter director and staff to be very willing to work together to find solutions that will benefit children and families.

Head Start also continued to develop a network of service providers to whom they could refer families. Health services are one example. In addition to continuing to work

with the Maricopa County Homeless Outreach health service, other health and dental services were located. Some services were made possible through the tobacco tax revenue, such as the Indian Health Center which made appointments available for shelter residents. The Balsz school district was able to provide a traveling dental van to see children at their schools, as well as Head Start children at their schools and children from UMOM Head Start.

Barriers to Collaboration

In year one, poor communication was cited by all participants as a barrier to a strong collaborative relationship between Head Start and the UMOM shelter. However, many efforts have been made to address this barrier, with success being indicated by all stakeholders.

Another barrier described during year one was the duplication of services between shelter caseworkers and the housing coordinator and the family advocate. The goal at the end of year one was to coordinate meetings between the shelter and Head Start staffs so that each party was aware of the efforts already being taken on behalf of individual families. This has been accomplished during year two. The system of working with families is reported to be much more fluid than it was during year one and less duplicative as well.

Evaluation Question 4.5

Are system supports adequate to support the efforts of the Head Start staff?

At the UMOM Head Start program's inception, planners knew that staff would need some kind of mental health support system to help in dealing effectively with the homeless. This took the form of monthly meetings with the SWHD mental health manager. During these meetings, staff could voice concerns and share their emotional reactions to situations. This meeting format worked well for staff and has continued during year two. Program management and staff report that this process has accomplished its purpose.

Many of the issues that emerged during year one resurfaced during year two. Primary among them was dealing with feelings of depression about children who are living in very unstable situations because of the parents' problems. It is especially difficult on staff when children leave under difficult circumstances or without any warning.

Evaluation Question 4.6

Are SWHD staff developing the skills necessary to work with homeless children and families?

Since much of the UMOM Head Start staff worked in the Head Start project during year one, they have been able to build upon what they learned. During focus groups, the management team described their renewed understanding of the importance of staffing a project such as this with people who are capable of being nonjudgmental in their interactions with parents. Management stated that the right staffing is crucial to running an effective program. Staff must understand what the lives of their clients are like and have the ability to express their feelings with other staff in the appropriate settings.

Management and staff also noted that the kinds of problems encountered, and successes, have much to do with the population involved in the program. There is evidence from the database that year two's population was not in as dire straits financially or emotionally as year one. Yet the quick turnover creates barriers. These factors have direct impact on the delivery of education and other services offered to

children and families. Understanding that flexibility must be built into the program, and that needs of homeless families may change quickly is a valuable lesson learned.

Likewise, because of this constantly changing environment and turnover, the management and staff stress the importance of including community children and families in the UMOM Head Start program as well. The stability and continuity that they add to the program are seen as a great asset, especially in terms of social interaction with children and modeling behavior as well.

Staff described the great extent to which parents of community children assisted homeless families in various ways. For example, community parents sewed skirts for the girls of homeless parents for an end-of-year activity. As the Head Start teacher said, "...even the community kids are very thoughtful toward the homeless kids. The parents treat each other with respect. They are all involved together, and the parents are really good about donating their time. For the ones that aren't, the other parents make up with helping, and they always include the shelter children."

The thought is that because of what the parents have in common (*i.e.*, the Head Start program), the community parents have learned about the families at the shelter and their unique situations. As staff describe it, the program has increased understanding and given homeless families a vehicle to reduce social isolation and to more actively participate in their community.

Policy Outcome

Evaluation Question 5.1

What strategies appear to be effective for providing services that are appropriate for homeless children and their families? What barriers exist in this area? How is the information being disseminated?

During focus groups, staff and management described a few strategies that contribute to a successful program. Working closely with all staff and collaboratively with the shelter on issues that emerge is seen as essential to success. Including community children in the classroom creates the constancy that the homeless children must see. Staffing the program with individuals well-suited to work in an often crisis-heavy setting is needed, and to maintain staff mental health, support mechanisms must be a part of the program. Finally, flexibility in programming and other "program requirements" allows for the special needs of homeless children and families to be addressed more specifically.

Few barriers were noted as to the delivery of services. Transportation continues to hamper efforts such as follow-up for medical and dental care. Those services which require parents to leave the shelter's campus are the least completed. To remedy this, the family advocate has worked to arrange transportation when possible, even driving families herself upon occasion. Other efforts are made to get services to come to the shelter. These efforts have been partially successful.

Another significant barrier to serving families is the high turnover in program participants. Efforts have been made to limit attrition where possible with success. Nevertheless, transience is to be expected as people change their situations. Unfortunately, the high turnover limits longer range efforts to

ameliorate problems that have taken many years to develop.

Disseminating information about effective strategies in working with homeless families occurs, but will require ongoing efforts. The project manager, lead teacher, and evaluator presented findings from research and practice during year one at the *1995 Annual Arizona Conference of Homelessness* in Phoenix. Efforts to publish findings will be pursued locally and nationally.

One very obvious vehicle cited by the project manager for disseminating information would involve creating some kind of compendium of the research on the national Head Start for Homeless Children and Families demonstration projects. Although no national evaluation was conducted, each of the 16 project sites were required to conduct its own local evaluation. Learning about other programs and sharing lessons from the UMOM Head Start project would be valuable. This compendium could be distributed to Head Start agencies or at least made available to the regional Head Start training centers which could then provide training for sites desiring information about working with homeless children and families.

Table 10: Summary of Findings from Year-Two UMOM Head Start Evaluation

Evaluation Question		Year-One Status
Children		
1.1a	Do children show growth in language, social/emotional, physical development?	Yes
1.1b	Is the Head Start classroom a safe, reassuring, flexible environment, conducive to smooth transitions?	Yes
1.2	Are children receiving needed medical/dental screenings, immunizations, and treatment?	Most children are receiving services
1.3	Are children receiving ample snacks and meals and receiving nutrition information?	Yes
Families		
2.1	Is there evidence of increased communication between adults and children and increased family-to-family relationships?	Yes
2.2	Is there evidence of increased parental involvement in developmentally appropriate activities with their children?	Yes
3.1	Is there evidence that parents are gaining independence, *e.g.*, obtaining employment and permanent housing?	Yes, but there are insufficient data to attribute gains to the program
System		
4.1	How are "successful" and "effective" defined by stakeholders in the demonstration project?	Multiple definitions by stakeholders
4.2	What strategies are most successful for enrolling and retaining families in Head Start	Various strategies identified as successful
4.3	Was a system developed which: a) prioritizes the type and level of a family's needs; b) processes referrals quickly; c) includes a homeless client database?	a) Yes, informal system b) Yes, informal system c) Yes
4.4	Is there evidence of collaboration between SWHD and other providers that deliver services to homeless families?	Evidence of much cooperation, some collaboration
4.5	Are support systems adequate to support the efforts of the Head Start staff?	Yes
4.6	Are SWHD staff developing the skills necessary to work with homeless children and families?	Yes
Policy		
5.1	a) What strategies appear effective for providing services to the homeless? b) What barriers exist? c) How is information being disseminated?	a) Multiple strategies identified b) Some barriers identified c) Paper presentation at AZ conference on homelessness in 1995; some dissemination is occurring—more planning is needed

DISCUSSION AND RECOMMENDATIONS

The UMOM Head Start project is unique among the 16 such demonstration projects funded by the Administration for Children and Families in that it is the only project to operate directly on the campus of a homeless shelter. Therefore, UMOM Head Start offers some unique lessons about service delivery and collaboration.

When the Administration for Children and Families funded the Head Start for Homeless Children and Families demonstration projects, the goals were described as follows: 1) to provide educational and social services to homeless children and families; and 2) to develop effective models of service delivery to this population. In the two years of this demonstration project, UMOM Head Start has met these goals. Many services have been provided, and much has been learned about effective delivery of services to homeless children and families.

As promising as the results from year one of UMOM Head Start were, results from year two represent improvements in many areas. Although it is not possible to establish a causal relationship between services provided and outcomes achieved, positive trends demonstrate continued effort on the part of UMOM Head Start staff and management to improve the program and maintain a family-centered approach to service delivery. It is also important to note that differences in the population of participants between years one and two may have affected the need for and/or utilization of services.

This fact limits the usefulness of comparisons between years one and two. Nevertheless, with these caveats in mind, the implications of findings related to children, families, the system, and policy are discussed below, and recommendations are offered which may further improve the future attainment of outcomes desired by the UMOM Head Start program.

Children

The 1995 evaluation report included a recommendation that the Work Sampling System be used to assess children's cognitive, physical, and social/emotional growth. This recommendation was accepted, and in year two, it has been consistently implemented.

Child Development

The analysis of WSS assessments shows that children in UMOM Head Start are definitely making gains in each developmental domain during their time in the program. Determining whether these gains would occur at the same levels without this program would require a research design and analysis that is beyond the scope of this study. Few inferences can be drawn from the results of analysis of WSS assessments for so few children; however, the fact that children are having rich experiences and are developing are valuable in themselves. It is also noteworthy that the education manager and teaching staff have made a strong commitment to assessing the children regularly and discussing progress with the parents, thus further educating and involving the parents in their children's education.

Classroom Environment

There is strong evidence that the Head Start classroom is a safe, reassuring, and flexible environment. Activities which aid in making transitions smoother for children are incorporated into the curriculum. Focus group data also describe regular planning that occurs between Head Start and the on-site child care center to ensure smooth transitions between the programs.

Classroom observations reveal strong evidence that the program is developmentally appropriate in instruction, interaction, and classroom management. Changes to all elements of the program were made initially based upon research literature on homeless children and families, and were quickly amended to reflect the reality of the population. As this population changes, the program is modified to provide a good fit with the participants.

In trying to provide transitional experiences for children and as stable an environment as possible, staff and management describe the benefit of including community children in the program. These children, which represent 24 percent of program participants, provide the program's continuity and are models for new children in the program. Other research confirms the value of promoting interaction between the homeless and housed through community involvement (Wolch, 1993). It would be beneficial for SWHD to consider continuing to include both homeless and community children in the classroom when planning for the future of UMOM Head Start.

Health

The health outcomes for children show substantial improvement from year one. For every service, the percentage of children served increased, some dramatically. The services least often provided during year one—medical and dental exams—increased over four times the 1994/95 levels. These are the most difficult to arrange since they occur off-site. A few changes in the program are likely to be responsible for the increase. In year two, the family advocate was trained to conduct both dental screenings and also medical screenings along with the health manager. Dental services were much more convenient to access because of the introduction of the Balsz dental van. In addition, because of the quick turnover in participants, screenings and exams were scheduled soon after enrollment in the program.

Although the increases in services provided are certainly positive, there is still some room for improvement. In both years of the program, about half the children who left the program without receiving medical and dental services were enrolled for over one month. The percent of children who left the program without services drops to about 24 for children remaining in the program for over two months. At this point the actual number of children is very small. Whether two months is enough time to provide on-site services should be discussed by project management. It may be beneficial to examine the process of how the need for screenings and other services are recorded. With increased effort, it may be possible to at least screen every child who remains in the program for two months.

Overall, however, much progress has been made in addressing the year one report's recommendation to reassess the strategies used for the health component to see if services were meeting SWHD desired levels.

Mental Health

The mental health component, which falls under the general health component, was never linked to a desired outcome. Therefore, no progress can be gaged. However, the mental health specialist provides a host of services for the program, including direct interaction with children in the classroom and class activities, consultation with teachers, consultation with parents and referrals for families. The role of the mental health specialist is viewed as essential to the success of the Head Start program, especially since staff note that mental health services are difficult for poor families to access.

Nutrition

The desired outcome of providing children with ample, well-balanced snacks and meals is being attained. Children are provided with a variety of snacks and meals, but some

flexibility has been permitted so that favorites can be repeated regularly, ensuring that children will eat and not just pick at their food. A review of lesson plans shows that nutrition, health, safety, and hygiene-related lessons and activities were an integral part of the curriculum, occurring regularly throughout the year.

Family

Desired outcomes for families relate to two overall objectives: 1) to empower parents to develop their role as their children's primary teacher; and 2) to promote parents' self-sufficiency through comprehensive, family-focused services.

Intra- and Inter-family Relationships

The desired outcomes that relate to the first overall objective specify improved relationships within and between families, and appropriate communication and developmentally appropriate activities between children and adults. Evidence from focus groups and program documentation shows that UMOM Head Start provided many opportunities for families to interact with each other. The UMOM Head Start-sponsored family events, parent training sessions, time spent volunteering in the classroom provided both shelter and community families with ample opportunity to interact and develop friendships.

There is also evidence that parents improved their communication skills with children. Parents indicated that they learned about child development through the *Parents as Teachers* training and time spent in the classroom. Classroom experiences also provided parents with good models of adults interacting with children in a developmentally appropriate manner. Program staff, management, and the UMOM director confirm the parents' statements about improved communication and interaction.

Parent Involvement

Program documentation shows that parents participated in the Head Start program in various ways. Parents worked at home with their children by reading stories and doing other teacher-suggested activities. They also utilized the classroom lending library. Overall, parents contributed almost two hours per week to the Head Start program. One or more session of the *Parents as Teachers Program* was attended by one-third of the parents during year two, while half the parents did not attend at all. Attendance for the remaining parents could not be determined.

These figures are slightly less positive than they were in year one. This, as well as the slight decrease in parent in-kind hours contributed to the Head Start program, are likely the result of the increased percentage of parents working during year two. Nevertheless, the level of participation achieved is seen by program management and staff as well above initial expectations and closely parallels the support provided in regular Head Start classrooms. The relatively high level of participation may be a result of the Head Start program being located on the shelter campus. This placement eliminates the transportation barrier for most families.

In summary, time spent in the classroom, family participation in Head Start events, and the *Parents as Teachers Program* appear to have made positive contributions to parents' role as their children's primary teacher.

Self-sufficiency

The second overall objective for families relates to gaining increased independence and self-sufficiency through family-focused services. The database provides evidence that, in many cases, families made steps toward self-sufficiency. Sixty-one percent of families found housing, an increase of ten percent from year one. Eleven percent enrolled in work preparation programs.

Employment was much higher at enrollment in the program in year two compared to year one (60% compared to 11%). Some individuals who were unemployed at the beginning of the program did gain employment, although gains were lower in year two than in year one. However, when looking at the percentages of people who were employed at entrance versus exit, the year one figures increased almost three times, whereas employment fell slightly in year two. Certainly the fact that over half the families were employed at exit in year two is an improvement over the third employed in year one.

Before or during their time in the program, a majority of parents were enrolled in economic support programs (66 percent received medical benefits through AHCCCS; 68 percent received food stamps; and 52 percent received AFDC benefits). While these figures are lower than levels for year one, they are still substantially higher than levels of service utilization by homeless families documented elsewhere (Baum & Burnes, 1993; Burt & Cohen, 1989a).

The results from the analysis of enrollment in programs are very interesting. Here again, the decrease of enrollment between years is affected by the differences in the participant population. For example, the increased percentage of families leaving the program without economic support programs, reflects the fact that more parents were employed in year two. The improvements in income limit eligibility for AHCCCS and food stamps. Also, only 38 percent of participants were single parents in year two compared to 49 percent in year one. This limits eligibility for AFDC. It is not possible to ascertain exactly how many participants were not enrolled in AHCCCS or food stamps at exit due to ineligibility because the database only specified "ineligibility" as a response for AFDC enrollment. It may be useful to UMOM Head Start to note the families who are ineligible for these benefits and focus efforts on other families.

While the gains made toward self-sufficiency are positive, it is not possible to determine a causal relationship between services provided by UMOM Head Start and self-sufficiency. In addition to the UMOM Head Start family advocate, the shelter's caseworkers and housing coordinator provide support to families as well, although there was less duplication of services in year two. The documentation collected is not detailed enough to determine the exact provider of certain services. Similarly, it is not realistic to expect that support and services provided in one week will have immediate, measurable impact on families the next week.

System

After two years of program implementation, a great deal has been learned about the provision of services to homeless children and families, as well as working collaboratively with other agencies. The desired system outcomes have, in large part, been accomplished.

Enrollment and Retention

During year one, a system was developed to enroll families, and staff and management learned much about retaining families in the program. Efforts were made to reduce system barriers to retention. An informal system was developed to prioritize needs and process referrals. A database was developed to describe families demographically, and track their mobility, and services provided. Some collaboration occurred between Head Start, UMOM, and other service providers. A support system was developed for staff, and all staff and management learned a great deal about working with a homeless population.

In year two, efforts to improve the delivery of services have been made. Some forms used for enrollment have been streamlined. The family advocate works with shelter caseworkers and the housing coordinator to

increase efficiency and eliminate duplication of services. The family advocate has expanded the network of service providers, and families are utilizing services at a high level.

Homeless Family Database

The homeless family database was considered useful by management, although not practical to continue without a computer. Both staff and management stated that a personal computer would increase efficiency of record keeping and summarization of data about families and services. Southwest Head Start may want to reconsider the benefits of providing UMOM Head Start with a personal computer.

Collaboration

Perhaps the most dramatic of the changes in year two is the level of collaboration and cooperation that has occurred between Head Start and UMOM. The co-location of the Head Start program on the campus of the shelter necessitates a close working relationship between the two agencies, and their staffs, but the two organizations have worked to improve conditions for families and children through the Head Start program and for other families as well.

Over the course of two years, Head Start and the shelter have created and modified the enrollment process, worked to eliminate duplication, and addressed barriers to retaining families in Head Start by modifying shelter rules. For example, rules related to evicting families were reported to be having a very negative effect on retention. Through a series of changes, the shelter agreed to evict families only during week days, so that the family advocate could assist in relocating them and arranging transitional experiences for their children. The shelter also increased the length of time given to families to relocate after eviction. In order to decrease the number of evictions, the shelter agreed to give new families time to adjust to the rules before issuing warnings which lead to eviction. These changes occurred throughout the year, and eliminated eviction-related attrition.

An analysis by Melville and Blank (1991) in their report, *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*, describes differences between cooperative and collaborative partnerships. By their analysis, some of the UMOM - Head Start partnership is collaborative. The following are examples:

- partners have some common goals
- partners jointly plan, implement, and evaluate new services or procedures
- partners assign responsibility for outcomes of joint efforts
- partners are empowered to negotiate policy changes

However, other characteristics of the UMOM Head Start partnerships are descriptive of cooperative partnerships:

- partners help each other meet respective organizational goals
- multiple agencies coordinate existing services to deliver more comprehensive services
- partners network and share information
- partners do not pool resources

It is not likely that collaboration will increase much beyond present levels due to the funding structure and the different missions of each organization. However, the cooperative elements of the program are very positive.

Support Systems for Staff

Information from focus groups confirm that the personal support systems put in place during year one continued to benefit staff through year two. The monthly meetings and ongoing support from colleagues seem sufficient to help staff maintain their own

emotional balance. Providing support to individuals who work with homeless families has been shown to reduce burnout in social workers (Miller, Birkholt, Scott, Sage, & Knelange, 1994).

Skill Development

Finally, UMOM Head Start staff and management have developed strong skills in working with homeless children and families. The SWHD philosophy of "building upon families' strengths" is at work in UMOM Head Start. Staff repeatedly stated that each homeless family is unique. As staff see their role, the job is to take families wherever they are, and work to improve their situations. Therefore, some families are going to make more progress toward self-sufficiency than others. Some parents are going to learn more about interacting with their child than others. UMOM Head Start staff are well aware of the unique characteristics of the families they work with, their needs, and how to interact effectively.

Management and staff also noted that the kinds of problems encountered, and successes, have much to do with the population involved in the program. There is evidence from the database that year two's population was not as critical financially or emotionally as the population was in year one. Yet the quick turnover continues to be a major challenge. These factors have direct impact on the delivery of education and other services offered to children and families. Understanding that flexibility must be built in to the program, and that needs of homeless families may change quickly is a valuable lesson learned.

Policy

Program staff and management described a number of strategies that make the UMOM Head Start program successful. These strategies and others garnered from the analysis of findings from this evaluation over the last two years include:

- locating the program on the site of the homeless shelter
- establishing and maintaining a close working relationship with staff and administration of the shelter
- staffing the Head Start program with individuals who are able to work with families in crisis in a non-judgmental manner
- including community children in the Head Start program to provide continuity
- providing a flexible curriculum that accommodates the unique needs of homeless children, such as helping them adjust to entering and leaving the program
- creating a classroom environment that is comfortable and does not overwhelm children with too much stimulation
- providing ample and varied opportunities for parental involvement in a non-threatening and supportive environment
- providing opportunities for homeless parents to have social interactions with other homeless and community parents
- giving families the option to remain in the program after leaving the shelter
- assessing the effectiveness of strategies regularly and modifying them when needed
- providing staff with the support they need to prevent burnout

A few barriers to effective service delivery remain, although some have been addressed.

- access to adequate transportation

- high turnover of participants
- access to a personal computer for management and staff to keep current and historic records in an easy to use format

It is clear that the UMOM Head Start management team and program staff have worked diligently to provide a high quality pre-school experience for children and needed support services for parents. The changes that have been made over the course of the two years are consistently in the direction of program improvement. Challenges to effective service delivery have largely been addressed, and a strong cooperative relationship exists between Head Start and the UMOM shelter.

The findings from this evaluation should be valuable to SWHD for future program planning, but they are also significant on a larger scale. First, none of the 15 other Head Start for Homeless Children and Families demonstration projects were located on the campus of homeless shelters. The program outcomes may differ in dramatic ways from other programs. For example, parent involvement was very high at UMOM Head Start. The accessibility of the classroom to homeless families at the shelter is probably responsible for the high participation.

Second, in 1995, the Arizona Department of Education's Homeless Education Coordinator acknowledged that UMOM Head Start is the only preschool program specifically serving homeless children in the state. The lessons UMOM Head Start has learned about adapting a program for this unique population would be beneficial for any preschool program serving homeless children or, in general, children in crisis situations.

Finally, it is interesting that, as year two data reflects, so many "homeless families" are by all accounts, the working poor. The fact that many have chosen to live in transitional housing, actually motel rooms without kitchens priced at $350 a month, is a strong indication of the limited availability of affordable housing in the area.

Efforts to disseminate findings from this demonstration project should be pursued whenever possible. Program management is not aware of any formal plans by ACF to compile a compendium of research from the 16 demonstration projects, although other national organization dealing with homelessness may take on this task. In any case, a compendium of research on the Head Start for Homeless Children and Families demonstration projects would be valuable for regional Head Start training centers to use, if not individual agencies.

Summary

The UMOM Head Start demonstration project has achieved the overall objectives that the Administration for Children and Families described in the project proposal: the project provides services to homeless children and families, and it has enabled Southwest Head Start to develop expertise in working with the homeless.

UMOM Head Start has had considerable success in attaining child-related outcomes desired by Southwest Head Start. A strong developmentally appropriate Head Start program is offered, complete with modifications made to suit the needs of homeless children and families. The Work Sampling System is used to assess children's progress, and summary statistics indicate that children make gains in each developmental domain while they participate in UMOM Head Start. Most children in the program receive the immunizations, medical and dental screenings, exams, and care they need, although record keeping should be examined to determine if even more of the children in the program could be served. Children receive healthy snacks and meals, and learn about nutrition, safety, and hygiene through classroom activities and lessons.

Parents continue to be involved at a level much higher than anticipated and actually at a level that is comparable to other Head Start programs. Parents have improved their skills in interacting with children, and learned much from their classroom participation and the variety of other participation options available to them. In many instances, parents have made gains in self-sufficiency, although assessing the exact contribution UMOM Head Start has made to this component is difficult. Nevertheless, parents feel welcomed in the class and offices of Head Start, believe they are valued members of the program, and express great appreciation for the amount of personal support and work, education, and other support-related referrals the family advocate provides them.

UMOM Head Start has accomplished much in terms of system-related outcomes. An efficient system was developed to enroll families, and many efforts have been made, in collaboration with the shelter, to retain families in the program. Other efforts to collaborate with the shelter have also been successful, and a strong cooperative relationship exists between UMOM Head Start, the shelter, and other agencies that provide services. Staff and management have learned a great deal about working effectively with homeless children and families, while maintaining an internal support system which allows them to do so without experiencing the burnout that is a common result of working with homeless or very at-risk families.

The following recommendations relate to the program and are offered for consideration to support UMOM Head Start's efforts towards continuous improvement:

Recommendations

- **Continue to include community children and families in the UMOM Head Start program.**

  It is clear that reserving a small number of spaces in the classroom for community children provides some continuity in an otherwise very transient environment. The positive interactions between housed and homeless families has benefits for children, families, and staff.

- **Develop a record-keeping system that indicates program participants' current status regarding specific services.** While UMOM Head Start has made improvements in service delivery, further improvements will be hampered without an easy-to-use method of quickly assessing a child's/family's services needs. For example, the provision of health services for children are documented on "health flow charts." Although these individual charts are updated often, they do not summarize services for all children. A simple matrix that shows all current participants and whether they have received immunizations, screenings, exams, and follow up would be simple to update and would be easier to use than the flow charts. Since the time children spend in the program is often so limited, accurately and quickly documenting their status on health services may help further reduce the percent of children who leave UMOM Head Start without receiving services.

  Similarly, families' enrollment and eligibility for economic support programs such as food stamps, AFDC, and AHCCCS are all kept in each family's individual file. A checklist or summary sheet which documents all families' eligibility for, and enrollment in these programs would help staff quickly assess which families are already receiving these benefits and which families are candidates for services.

- **Reconsider the benefits of giving staff and management personal computers on-site.**

  Because families move out of the program so quickly, staff and management often do not have the luxury of time when delivering services. A personal computer would eliminate many of the difficulties in accurately and quickly summarizing services provided and assessing current need. The matrix or checklist method described above would be very simple to create and maintain with the help of a computer. This addition would reduce the amount of time staff and management currently spend on record-keeping activities and give them more time to spend with program participants.

- **Pursue efforts to disseminate information to local, state, and national audiences.**

  With two years experience, and a solid developmentally appropriate, family-focused program, SWHD has much to offer to researchers and other Head Start programs who work with homeless children and families. SWHD's knowledge and experience would be a great contribution to local and state-level discussions of service delivery to homeless children and families. Learning about any plans for dissemination of research from the 16 demonstration projects would also be beneficial. Southwest Head Start's efforts to contact national organizations that deal with homelessness is a good place to begin.

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APPENDIX A

UMOM Head Start - Quarterly Data, Year 2:
from month X to month X

Demographics:											
Child Name	# of adults	# of children	Mom Age	Dad Age	single head of household	Lang.	Mom ed. level	Dad ed. level	Mom/Dad current Ed. enroll.	Ethnic	h.status
	2	1	26	26		E	F	F	C, G(M)	NA	1
	2	3	34	39		E	C	C		AA	2
	2	2	26	28		S	B	H-C	B,G,I(M)	H	4
	2	2	26	28		S	B	H-C	B,G,I(M)	H	4
	1	5		36	Y	E		D		W	3
	2	6	34	37		E	D	D		H	1
	2	6	27	30		S	A			H	4
	1	1		25	Y	E		C		W	1
	2	3	35	38		S	A	A	B,I (M)	H	4
	1	1	35		Y	E	C			NA	2
	2	2	24	39		E	F	F		O	1
	1	2	38			Y	E	D		W	2
	2	3	26	28		S	B	A	B(M)	H	4
	2	3	26	28		S	H-F	H-D	B(M)	H	4
	2	3	26	28		S	H-F	H-B		H	4
	2	2	22	24		S	H-B	H-B	B (M)	H	4

UMOM Head Start - Quarterly Data, Year 2:
from month X to month X

At entrance:		At exit:										
Date entered program	Empl. at entrance	Date exited shelter	Why exited shelter	Date exited program	Time in program	Why exited program	Empl. at exit	AHCCCS	AFDC	Food stamps	Housing at exit	in Head Start
8/24/95	1	4/22/96	2	6/3/96	284	2	2	1	4	3	3	3
8/24/95	2	11/8/95	1	6/11/96	292	2	1	1	3	1	3	3
8/24/95	2			7/19/96	330		1	3	5	3		
6/13/96	2			7/19/96	36							
8/24/95	1			7/19/96	330		1	3	5	3		
8/24/95	1			7/19/96	330		2	1	5		1	
5/22/96	1			7/12/96	51	3	1	1	1	1	4	1
5/21/96	0	6/17/96	4	6/17/96	27	4	1	2	2	2	4	3
3/14/96	1			7/19/96	127		1	3	3	3		
3/5/96	1			7/19/96	136		1	3	3	3		
5/14/96	2			7/19/96	66		2	4	5	3		
5/29/96	0	6/18/96	2	6/18/96	20	2	0	3	1	1	3	3
6/18/96	1			7/19/96	31		1	3	5	3		
6/21/96	2			7/19/96	28		2	1	2	2		
8/24/95	2			7/19/96	330							
6/6/96	1			7/19/96	43		1	1	1	1		

UMOM Head Start - Quarterly Data, Year 2:
from month X to month X

Parent Participation			
Child Name	Parent partic.	Home visits	Training activities
	90	1	1
	0	4	0
	315	1	3
	315	1	3
	3	2	0
	67	2	1
	10	5	0
	0	1	0
	93	2	2
	3	2	0
	0	1	0
	0	1	0
	5	3	1
	57	1	1
	57	1	0
	32	1	1

UMOM Head Start - Quarterly Data, Year 2:
from month X to month X

Health									
Child Name	fully immunized	Medical screening	Medical exam	Treatment needed	Treatment completed	Dental screening	Dental exam	Treatment needed	Treatment completed
	1	2	2			2	2	Y	N
	1	2	2			2	2	Y	
	1	2	2			2	2		
	2	3	3			3	3		
	2	2	2			2	2		
	1	2	2			2	2		
	1	2	2	Y	Y				
	1	3	3			3	3		
	2	2	3			3	3		
	1	2	2			2	2	Y	Y
	2	3	3			3	3		
	1	3	3			3	3		
	2	2	2	Y	Y	3	3		
	2	3	3			3	3		
	1	2	2			2	2		
	2	2	1			3	3		

APPENDIX B

Guide to Head Start - UMOM Data Collection

Demographics:	
# of Adults	Indicate the number of adults (18 and over) in the family who live with the family. A *parent* who is under 18 would still be counted as an adult.
# of Children	Indicate the number of children living with the family.
Mom age / Dad age	List if known, and *only* if parent is living with the family.
Single Head of Household	Is parent single head of household? mark "Y" if yes.
Lang.	List primary language spoken in home: E - English S - Spanish
Mom / Dad Ed. Level	List highest education level attained for those living w/family: A = under grade 7 B = 7 - 9th grade C = 10th - 12th grade D = has HS diploma or GED E = vocational training F = some college G = has a four year college degree H = outside of USA (list approx grade)
Mom / Dad Current Ed. Enrol.	M / D Current Educational Enrollment A = GED B = ESL C = Commun.Col. skill Certificate prog. D = Commun. College - general courses E = JOBS / AWEE F = job training - other G = PAT - SWHD H = Child Care program - SWHD I = Nutrition program - SWHD J = CDA program (community college)
Ethnic.	Ethnicity AA = African American W = white NA = Native American H = Hispanic O = other
H. Status	Homeless Status 1 = first time being homeless 2 = second time being homeless 3 = multiple times being homeless 4 = not homeless - community child
At Entrance:	
Date Entered Program	Date family entered HS program .
Empl. at Entrance	Parents' employment as they entered program. 0 = neither parent employed 1- 2 adult/s employed

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At Exit:	
Date Exited Shelter	Date family left UMOM shelter. (Leave blank if community child)
Why Exited Shelter	1 = evicted for rule violation 2 = found housing 3 = unknown 4 = other (describe)
Date Exited Program	List if other than date left shelter.
Why Exited Program	1 = community child who moved 2 = found housing/oustide SWHD area 3 = unknown 4 = other (describe)
Empl. at Exit	Parent's employment upon exit
AHCCCS	1 = were already enrolled 2 = yes, became enrolled during stay 3 = no, family was not enrolled 4 = got private insurance through job
AFDC	1 = were already enrolled 2 = yes, enrolled during stay 3 = no, upon exit, family not enrolled 4 = not eligible, but get other benefits 5 = not eligible, no benefits received
Food Stamps	1 = were already enrolled 2 = yes, enrolled during stay 3 = no, the family was not enrolled
Housing at Exit	Upon leaving, family got housing ... 1 = at other shelter, transitional housing (not UMOM) 2 = within the SWHD service area 3 = outside SWHD service area 4 = unknown 5 = moved in w/relatives or friends
In Head Start After family left, did child continue Head Start?	1 = yes, at another SWHD Head Start 2 = yes, outside SWHD service area 3 = no 4 = unknown 5 = yes, at a preschool
Parent Participation:	
Parent Partic. = Participation hours	Current total of in-kind hours/family
Home Visits	Total number of home visits conducted
Training Activities	Number of parent training/enrichment activities that parent has attended.
Health Data:	
Immunizations, Screenings, & Exams	1 = had service before program entry 2 = received service during program 3 = child left program without service
Treatment Needed, Treatment Completed	Mark only if "yes." Leave blank if treatment is not needed or completed.

APPENDIX C

UMOM HEAD START

Year Two Summary Statistics*

Year 2: August 24, 1995 - July 19, 1996

DEMOGRAPHICS: **Demographics represent data from all families participating during the 1995/96 program year *(n=50)*. A total of 60 children participated during the 1995/96 program year.**

Number of adults in family	1 = 40% / 2 = 60%
Average number of children in family	2.8
Age of Mom (median)	29
Age of Dad (median)	32
% single head of household	38 %
% predominantly Spanish speaking	30 %

Education Level:

Mom:	Less than grade 7	12 %
	7 - 9th grade	6 %
(n=49)	10th - 12th grade	18 %
	HS diploma/GED	24 %
	Vocational education	2 %
	Some college	14 %
	College degree	2 %
	Educated out of USA	18 %
	Missing data	4 %
Dad:	Less than grade 7	7 %
	10th - 12th grade	17 %
(n=30)	HS diploma/GED	43 %
	Some college	10 %
	Educated out of USA	23 %

CURRENT ENROLLMENT IN EDUCATIONAL PROGRAMS:

- 11% (n=9) adults in work preparation
- 18% (n=14) of adults in SWHD programs
- 80% (n=12) of Spanish-speaking adults in ESL classes

There were a total of 79 parents in the UMOM Head Start program

- 6 = JOBS/AWEE
- 2 = Job training - other
- 0 = Commun.College skill Cert.Program
- 1 = Community College - general
- 7 = Parents as Teachers Program
- 7 = Nutrition classes

Ethnicity:

Hispanic	40 %
White	32 %
African American	12 %
Native American	14 %
Other	2 %

* Percentages may not equal 100 due to rounding.

Homeless Status:

First time being homeless	50 %
Second time being homeless	22 %
Multiple times being homeless	2 %
Community children (not homeless)	24 %

TRACKING INFORMATION: **Tracking data represent all 50 families who participated in the program during the year.**

Average stay in program for shelter families: 121 days
Average stay in program for community families 170 days

		#	%
Length of Stay - All	Less than 1 month	8	16%
	1 - 2 months	13	26%
	2 - 3 months	6	12%
	4 or more months	23	46%
Reason for Leaving Shelter	Evicted for rule violation	7	20%
	Found housing	21	60%
	Other conditions	6	17%
	Unknown	1	3%
Reason for Leaving Program:	Housing - outside service area	19	54%
	Community child - moved	4	11%
	Other conditions	10	28%
	Unknown	3	8%
Employment:	% entering program w/o employment	20/50	40%
	% entering program employed	30/50	60%
	% gaining employment upon exit from program	3/20	15%
	% entering unemployed who left unemployed	17/20	85%
	% losing employment during program	7/30	23%
AHCCCS:	Already enrolled	31	62%
	Enrolled during stay	2	4%
	Not enrolled at exit	13	26%
	Missing data	4	8%
Food Stamps:	Already enrolled	24	48%
	Enrolled during stay	10	20%
	Not enrolled at exit	14	28%
	Missing data	2	4%
AFDC:	Already enrolled	16	32%
	Enrolled during stay	10	20%
	Not enrolled at exit	11	22%
	Not eligible	11	22%
	Not eligible but get other benefits	2	4%

* Percentages may not equal 100 due to rounding.

		#	%
Obtained Housing:	Yes, within SWHD service area	5	14%
	Yes, out SWHD service area	17	47%
	Moved in with relatives/friends	4	11%
	Stayed at UMOM	1	3%
	Unknown	7	20%
	Missing data	2	5%
Continued in Head Start after leaving shelter:	No	18	53%
	Yes, at another SWHD	3	9%
	Yes, outside of SWHD service area	2	6%
	No, went to a preschool	2	6%
	Unknown	9	26%

PARENT PARTICIPATION: **Parent participation data include all families participating in the program during 1995/96 *(n=50)*.**

Participation Hours:

Families not participating at all	36% (18 families)
Average per family mean = (taking into account length of stay)	1.9 hours per week (7.7 hours per month)

	# visits	#	%
Home Visits:	1	27	54%
	2	14	28%
	3	6	12%
	4 or more	3	6%

	# visits	#	%
Training Activities:	None	24	48%
	1 - 2	12	24%
	3	4	8%
	Missing data	10	20%

* Percentages may not equal 100 due to rounding.

HEALTH: Data represent all children who participated in UMOM Head Start during the 1995/96 program year (n=60).

		upon leaving	
		#	%
Medical:			
Full Immunizations	Before entry	38	63%
	During program	19	32%
	Not at all	2	3%
	Missing data	1	2%
Medical Screening:	Before entry	1	2%
	During program	45	75%
	Not at all	13	22%
	Missing data	1	2%
Medical Exam:	Before entry	3	5%
	During program	31	52%
	Not at all	24	40%
	Missing data	2	3%
Treatment Needed:	Yes	6	10%
Treatment Done:	Yes	6	100%
Dental:			
Dental Screening	Before entry	1	2%
	During program	35	58%
	Not at all	19	32%
	Missing data	5	8%
Dental Exam:	Before entry	30	50%
	During program	23	38%
	Not at all	1	2%
	Missing data	6	10%
Treatment Needed:	Yes	7	12%
Treatment Done:	Yes	3	43%

* Percentages may not equal 100 due to rounding.

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